

MOTION, ENTRY, AND CERTIFICATION FOR APPOINTED COUNSEL FEES

In the Domestic Relations Court of Lucas County, Ohio

DR/DM/DV Case No. _____

Plaintiff

V.

Judge

Defendant

MOTION FOR APPROVAL OF PAYMENT OF APPOINTED COUNSEL FEES AND EXPENSES

The undersigned having been appointed counsel for the party represented moves this Court for an order approving payment of fees and expenses as indicated in the itemized statement herein. I certify that I have received no compensation in connection with providing representation in this case other than that described in this motion or which has been approved by the Court in a previous motion, nor have any fees and expenses in this motion been duplicated on any other motion. I have performed all legal services itemized in this motion.

I was appointed on _____, 20____. This case terminated and/or was disposed of on _____, 20____. The Pro Bono case assigned to me was disposed of on _____, 20____. I am submitting this application on _____, 20____.

Name _____ Signature _____

Address _____ City _____ State _____ Zip _____ SSN/Tax ID _____

☐ Flat Fee Hrs: In _____ X Rate \$40.00 = \$ _____ Total Fees \$ _____
Hrs: Out _____ X Rate \$40.00 = \$ _____ Total Fees \$ _____ Total \$ _____

JUDGMENT ENTRY

The Court finds that counsel performed the legal services set forth on the itemized statement on the reverse hereof, and that the fees and expenses set forth on this statement are reasonable, and are in accordance with the resolution of the Board of County Commissioners of Lucas County, Ohio.

IT IS THEREFORE ORDERED that counsel fees and expenses be, and are hereby approved, in the amount of \$ _____. It is further ordered that the said amount be, and hereby is, certified by the Court to the County Auditor for payment.

Judge _____
Signature _____ Date _____

CERTIFICATION

The County Auditor, in executing this certification, attests to the accuracy of the figures contained herein. A subsequent audit by the Auditor of the State which reveals unallowable or excessive costs may result in future adjustments against reimbursement or repayment of audit exceptions.

County Number _____ Check Number _____ Check Date _____

County Auditor _____